



90 Day Patient Volume Report

Provider/Group Name: _____

NPI# used for patient volume calculations: _____

Is this for ☐ Group or ☐ Individual

Start date of 90 day patient volume period: _____

End date of 90 day patient volume period: _____

The report for this 90 day period of patient encounters is as follows:

Line 1.	# of Medicaid Encounters (Primary and Secondary) <i>*Do not deduct KCHIP total from this line on form*</i>		%
Line 2.	KCHIP3 Total		%
Line 3.	Total Medicaid Encounters for 90 day pt vol period: <i>(Subtract Line 2 from Line 1 and enter total here and report on Line 6 on attestation screen for Medicaid pt encounters during this period.)</i>		%
Line 4.	Private Pay Insurance/Self Pay		%
Line 5.	Other:		%
Line 6.	Uncompensated Care (For RHCS/FQHCS only) <i>This number should be included in the denominator - for internal use only</i>		%
Line 7.	Total # of Patient Encounters for 90 day pt vol period: <i>(Add lines 1, 4, 5 and enter on line 7 on attestation screen for total patient encounters during this period)</i>		%
Line 8.	Total Medicaid patient volume: <i>(Divide Line 3 by Line 7 and enter percentage)</i>		%

- Zero paid, paid, & denied Medicaid claims count.
- KCHIP3 is required to be removed from non-RHC, non-FQHC practices.
- KY Medicaid Encounters are ALL Encounters – not just face to face. Includes all Lab only visits, Allergy Injection only visits, home visits etc. (Practice should just focus on office encounters unless they are too close to 30% and need these encounters to push them over the threshold. Some of these encounters may be harder to calculate).
- Some of these items will be calculated by DMS as you will not have the information to count them. EX: zero paid, etc.